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Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00 2251 Extension for response within first month 60.00	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number		09/674,092-Conf. #1549				
FIRST Named Inventor Marcus KEEP	FEE TRANSMITTAL					Filing Date F		February 27, 2001				
X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1654						First Named Inventor		Marcus KEEP				
METHOD OF PAYMENT (check all that apply) X Check	FOR FY 2005					Examiner Name A.		A. A. Mohame	. A. Mohamed			
METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number Oz-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	X Applicant claims small entity status. See 37 CFR 1.27					Artonic		1654				
X Check Credit Card Money Order None Other (please identify):	TOTAL AMOUNT OF PAYMENT (\$) 455.00					Attorney Docket	No.	0030-0200P				
Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee	METHOD OF PAYMENT (check all that apply)											
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Design 200 100 100 50 130 65		-			•							
Plant	-			100	100		130	65				
Provisional 200 100 0 0 0 0 0 0 0 0	•			100		150	160	80				
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) APP- highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) APP- highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00 2251 Extension for response within first month SUBMITTED BY Registration No. (Altorney/Agent) 36,623 Telephone (703) 205-8043					0		0	0				
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